nitrite in doses of 2 grains produced a reduction of just over 30 mm. Hg. This action will last two hours and only after this is it necessary to repeat the dose. No benefit is obtained by increasing the dose, and a less dose will not give the desired result. Erythrol nitrate in the dosage of 0.5 to 1 grain will produce the beneficial reduction, and the effect will last about six hours. Matthew found that erythrol nitrate sometimes caused unpleasant symptoms, and recommends the smaller initial dose as safer. Mannitol nitrate acts similarly to erythrol nitrate in doses of 1 grain. Its maximum effect is attained more slowly than erythrol nitrate, and therefore it is probably safer. Matthew concludes by saying that the useful and suitable dose of a nitrite for each individual can readily be ascertained by noting the effect of the nitrite as to the amount of fall produced and the time the action lasts.

The Absence of Mucus from the Stomach.—SCHALIJ (*Arch. d. mal. d. l'appar. digest.*, 1909, iii, 79) says that the absence of mucus in the gastric secretion aggravates the prognosis of hyperchlorhydria and of ulcer of the stomach. He believes that the mucus has a protective action against the corrosive action of the gastric juice. Schalij, consequently, advocates the use of various bland protective substances to replace the mucus. Among these he mentions olive oil, almond oil, and gelatin. He gives the olive oil or almond oil before meals, starting with 1 c.c. and increasing gradually to 15 c.c. He also advises the ingestion of fatty foods before meals. This method, Schalij says, has the further advantage of decreasing the hyperacidity.

The Treatment of Anemia in Infancy with Citrate of Iron Administered Subcutaneously.—MORSE (*Jour. Amer. Med. Assoc.*, 1909, liii, 107) says that the percentage of hemoglobin in infancy gradually rises from 55 per cent. to 60 per cent. at the end of the first month to 70 per cent. at six months, where it remains during the rest of infancy. The number of red blood corpuscles in infancy varies between 5,500,000 and 6,000,000. Morse believes that this comparative deficiency in hemoglobin is due to the fact that the infant normally receives an insufficient supply of iron in its food and that the reserve of iron present in the liver at birth is not large enough to keep the percentage of hemoglobin at the adult standard. He is of the opinion that the anemias of infancy are usually of a chlorotic type, although probably not a true chlorosis. Therefore, Morse thinks that iron is especially indicated in the anemias of infancy. Because of the difficulty of giving iron by mouth to infants, and since iron is very apt to disturb the digestion, he advocates the subcutaneous administration of iron. For this purpose he has found an aqueous solution of the citrate of iron very serviceable. This can be put up in perles and sterilized, each perle containing a single dose. This solution is absolutely non-irritating, and the injections are never followed by induration or abscess. The injection, however, is sometimes followed by pain lasting from a few minutes to an hour. Morse gives the injection by means of a glass syringe with asbestos packing, fitted with a platinum needle. An ordinary steel needle is corroded by the solution. He gives an average dose of ¾ grain every other day. He says that he has used the citrate of iron in this way in a number of cases—some of the chlorotic type, some mild cases not of this type, and some cases of severe anemia with splenic tumor—with quite satisfactory results, even in the severe cases. In most of the cases the rise in the percentage of hemoglobin has been more rapid than that in the number of red blood corpuscles. Morse gives the detailed histories of five of his cases, and concludes by saying that he believes that the subcutaneous use of iron is often most advantageous. The results are more marked and are obtained more rapidly than when the iron is given by the mouth, and there is much less danger of upsetting the digestion.

Intravenous Suprarenal Preparations in Collapse.—SOHN (*Münch. med. Woch.*, 1909, xxiv, 1221) recommends highly the use of suprarenal preparations in cases of acute cardiovascular collapse. Their action is prompt, and their use may often tide the patient past the danger point. He reports seven cases in which he has had good results from their use. In one of the cases he failed to follow up the remarkable benefit from a single injection, and ascribes the fatal outcome to his failure to continue the injections.

Pneumococcic Vaccine in Pneumonia.—HARRIS (*Brit. Med. Jour.*, 1909, ii, 1530), with regard to the treatment of acute lobar pneumonia by inoculation, concludes that: (1) Successful inoculation for pneumonia is possible; (2) the inoculation does no harm; (3) a vaccine from one or a number of virulent strains should be used; (4) it should be introduced as early as possible; (5) the estimation of the opsonic index is not necessary; (6) the estimation of the observation of the temperature and physical signs is in pneumonia a sufficient guide in gauging the repetition of the dose. Harris believes that infections of the lungs by the pneumococcus which fail to resolve after an acute pneumonia, as well as pneumococcic infections of other areas, ought certainly to be treated with a pneumococcic vaccine. He adds that these cases appear to afford a reasonable prospect of success.

The Treatment of Epilepsy with Calcium Hypophosphite.—CICARELLI (*Il. Polyclin.*, 1909, xvi, 1) records excellent results from the use of calcium hypophosphite in the treatment of a series of 25 cases of epilepsy. He was led to try this method because of the favorable results reported by other Italian physicians in the treatment of epilepsy with lime salts. Cicarelli believes that the phosphorus contained in the calcium hypophosphite has an additional stimulant action upon the nervous tissue of the epileptics. He gives the calcium hypophosphite in doses of from 10 to 15 grains three times a day. Cicarelli advocates this method of treatment either alone or in combination with the bromide method. When given in combination with bromides, the bromides should be given for one week alternating with calcium hypophosphite over a period of two weeks. He considers that the calcium salts are preferable to the alkaline bromides, as bromidism is avoided. In his series of cases patients on calcium hypophosphites were less depressed and their general conditions was better than that of the patients on bromides.